

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER	°ILD005533005		
	P AND W SUPPLY CO INC 1114 E RIVER RD DIXON	IL	61021
INSTALLATION ADDRESS	1114 E RIVER RD DIXON	IL	61021
EPA Form 8700-12B (4-80)	03/13/86		

m 3/18/86

CONTINUE ON REVERSE

EPA Form 8700-12 (6-80)

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X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

DAVID A. FABRI, PRES.

1/22/86

EPA Form 8700-12 (6-80) REVERSE

EPA Form 8700-12 (6-80)

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SEPA	NOTIFICATION OF HAZARDOUS WASTE ACTIVITY						INSTRUCTIONS: If you received a preprinted label, affix it in the space at left, If any of the						
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IX. DESCRIPTIO	N OF HAZARDOU	IS WASTES											
Please go to the reve	rse of this form and pr	rovide the requested in	formation.										
EPA Form 8700-12	(6-80)					COI	NTINUE OF	N REVERS					

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IX. DESCRIPTION OF I	IAZARDOUS WAST	ES (continued from	front)		
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X. CERTIFICATION					Section 16
I certify under penalty attached documents, an I believe that the submi mitting false information	d that based on my tted information is	inquiry of those in true, accurate, and	dividuals immediatel complete. I am awar	y responsible for ob	taining the information
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David a Fal	ei	DAVID A	A. FABRI, PRES.	,	1/22/86

EPA Form 8700-12 (6-80) REVERSE

TIFICATION FORM-Information missing or to be verified.

FACILI7	TY NAME:	PaW	Suppl	ly Co			
PERSON	CONTACTED:	David.	Fabri	/	PHONE	NO.:(8/5)	284-7181
	92 GR2						
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	Mailing Addre	ess:		<			
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